

Primary Healthcare Provider Summary

☐ Initial Health Summary Request

☐ Health Summary Update Request

Provider Information

Name _____

Address _____

Phone/Fax/email _____

Your assistance is requested to obtain health status information for the child listed below to assist in eligibility determination and service planning. A signed consent for release of requested information is attached.

Child Information

Child's Name _____ Date of Birth _____

Address _____

Phone _____

Parent Name _____

1. Is this child at substantial risk for developmental delay based upon medical history or current status?
☐ No ☐ Yes (please describe):

2. Please list other significant medical conditions that may impact development:
☐ No ☐ Yes (please describe):

3. Are the child's immunizations up to date?
☐ No ☐ Yes (please describe):

4. Are other health care providers serving this child?
☐ No ☐ Yes (please describe):

5. Have you/your office made referrals to other agencies to meet this child's health-related needs?
☐ No ☐ Yes (please describe):

Signature of primary healthcare provider or designated representative

Date

Thank you for your assistance.

Please return the form to the Service Coordinator listed below or call if you have questions about this request.

BabyNet Service Coordinator

Name _____ Date Sent _____

Agency _____

Address _____

Phone/Fax/email _____

INSTRUCTIONS
Primary Health Care Provider Summary
(BNO16)

A. PURPOSE

To obtain health status information to assist in eligibility determination and service planning.

B. USES

1. The Intake/Service Coordinator sends this form to the primary provider identified by the family as part of the intake process.
2. Information may be requested in preparation for annual IFSP evaluation at discretion of the Service Coordinator.

C. Instructions

1. The Intake/Service Coordinator (or designee) completes child, provider and Service Coordinator identifying information (including date sent), and sends to the child's primary care provider
2. Provider answers items #1 - #5, signs and dates the form, and returns form to the Service Coordinator